



Massachusetts Department of Environmental Protection  
Massachusetts Rideshare Regulation (310 CMR 7.16)  
**Rideshare Program Update Report  
Long Form**

**Reporting Year:**  
**20**

**DEP Use Only**

Date  
Received

The Massachusetts Department of Environmental Protection (MassDEP) Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide data annually on how their commuting population commutes to work. If you have any questions about completing this form or about your facility's filing status with the Massachusetts Rideshare Program, please call (617) 292-5663.

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Facility Information\*

Facility Name

Facility Address 1

Facility Address 2

City

State

Zip Code

Phone Number

Fax Number

Mailing Address: ☐ Check here if same as Facility Address and skip to Contact Information.

Mailing Address: Street or P.O. Box

Mailing Address 2

City

State

Zip Code

### Contact Information:

Contact Person Name

Contact Person Title

Phone Number

Extension

Email Address

**\*Note:** On a separate attachment, list all building locations within walking distance.

## B. Applicability & Instructions

Please provide the information required below. To determine the number of commuters and *applicable commuters*\* at your facility, count all commuters in every building located within one mile walking distance of your facility.

Total commuters at your facility:

Number

Total *applicable commuters*\* at your facility:

Number

\**Applicable commuters* is defined on the next page.



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## B. Applicability & Instructions (continued)

### Definitions: Applicable Commuters, Employees & Students

#### *Applicable Commuters:*

- The number of *applicable employees* at your facility. For an educational institution, *applicable commuters* includes both *applicable employees* and *applicable students*.

#### *Applicable Employees:*

- Work 17 hours or more per week for 20 weeks or more per year.
- Begin and complete their workday between 6 a.m. and 8 p.m.
- Use their vehicle during work hours less than five times per month.

#### *Applicable Students:*

- Are full-time students and live off campus.
- Are scheduled to begin and complete their classes between 6 a.m. and 8 p.m.
- Need their vehicles for class assignments or after-school work less than five times per month.

### Sections of This Form You Need to Complete

Check the appropriate box and follow the applicable instructions for completing this form.

Non-Educational Facility	Instructions
<input type="checkbox"/> 249 or fewer applicable commuters	Complete Sections A, B & H.
<input type="checkbox"/> MassDEP Air Operating Permit & 250 or more applicable commuters	Complete the entire form.
<input type="checkbox"/> No MassDEP Air Operating Permit & 250 to 999 applicable commuters	Complete Sections A, B & H or complete the entire form. Your facility will be phased in later.
<input type="checkbox"/> No MassDEP Air Operating Permit & 1,000 or more applicable commuters	Complete the entire form.

  

Educational Facility	Instructions
<input type="checkbox"/> 999 or fewer applicable commuters	Complete Sections A, B & H.
<input type="checkbox"/> 1,000 or more applicable commuters	Complete the entire form.

## C. Commute Data Collection Method

### 1. Commute Data Collection Week. Specific dates that your facility collected data:

From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY



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**C. Commute Data Collection Method** (cont.)

**2. Total Number of Applicable Trips.** Calculate the total number of possible trips:

Work Days in Data Collection Week	_____	X	Total Applicable Commuters*	_____	=	Total Possible Trips by Applicable Commuters	_____
	Number			Number			Number

\*If your facility used the Random Sample Method, enter the number of Applicable Commuters in the sample size.

**3. Commute Data Collection Method.** See *Guidance on Collecting Commute Data* for a detailed description of each survey method, then check the method your facility used:

☐ **Census Survey.** Facility distributed surveys to *all* applicable commuters.

☐ **Random Sample Survey\*.** Facility distributed surveys to a randomly selected sample of applicable commuters.

\*In accordance with the method described in the *Guidance on Collecting Commute Data*, please provide the following information:

Number of Applicable Commuters Facility Required to Sample	_____	Sample Skip Interval	_____	Sample's Random Number Start	_____
	Number		Number		Number

☐ **Direct Count.** Facility counted applicable commuters in vehicles entering parking lots and all other means of collecting commute data.

**4. Description of Commute Data Collection.**

Describe how your facility conducted its survey (random sample or census) or used the direct count method to collect data on applicable commuter trips. If you used a commute survey of your own design or one that was supplied by a source other than MassDEP, attach a copy of the survey to this form. If you obtained commute data by reviewing transportation records for the direct count method, explain the process. If you require additional space, continue your description on a separate attachment.

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**C. Commute Data Collection Method** (cont.)

**5. Data Collection Response Rate.** Provide the response rate your facility obtained with its commute data collection method. Count only those surveys completed by *applicable* commuters. Refer to *Guidance on Collecting Commute Data* for details on the minimum response rate for each method.

Number of Applicable  
Commuters Responding  
to Survey or Counted

Number of Applicable  
Commuters at Facility or in  
Sample

Response Rate

Number ÷ Number x 100 = Percent (%)

**D. Summary of Commute Data Forms**

Use the table below to determine which *Summary Commute Data (SCD) Form* your facility is required to complete based on your commute data collection method and response rate. *You must submit your SCD Form to MassDEP along with this report.*

Data Collection Method	Data Collected From		Use This Form
Census Survey -or- Direct Count	At least 90% of Applicable Commuters		SCD Form 1
	75% or more but less than 90% of Applicable Commuters		SCD Form 2
	50% or more but less than 75% of Applicable Commuters AND:	One additional DACT Reduction Incentive*	SCD Form 2
		No additional DACT Reduction Incentives**	SCD Form 3
Random Sample	At least 90% of Applicable Commuters in your sample		SCD Form 4

\*See the list of *Optional Drive-Along Trip Reduction Incentives* in the *Guidance on Collecting Commute Data* for a list of bicycling incentives, work schedules and other incentives that your facility may opt to implement.

\*\*Selecting this option will increase your facility's number of drive-alone commute trips (DACTs). On Form 3, non-responder commuters are counted as drive-alone commuters. This will increase the number of DACT reductions your facility needs to meet its 25 percent DACT reduction goal.

**E. Drive-Along Trip Reduction Incentives**

- Status of Trip Reduction Incentives.** In the table below, indicate which drive-alone commute trip (DACT) incentives your facility currently implements, publicizes and maintains, and the number of trip reductions you have achieved by using them, if any, before filing this base report.

The table lists incentives required by the Massachusetts Rideshare Regulation, 310 CMR 7.16(1). *All facilities* must offer trip reduction incentives **a**, **b** and **c**.



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**E. Drive-Alone Trip Reduction Incentives** (cont.)

Is your facility located within one mile of public transit?

☐ Yes\* ☐ No \*If Yes, your facility must *also* offer incentives **d, e** and **f**. (See Table below.)

Does your facility have 1,000 or more applicable commuters?

☐ Yes\* ☐ No \*If Yes, your facility must *also* offer incentive **g**. (See Table below.)

DACT Reduction Incentives	Facility Implements, Publicizes & Maintains	If Yes, Number of Drive-Alone Trip Reductions**
<b>a.</b> Conduct Carpool Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number
<b>b.</b> Designate Preferential Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c.</b> Establish Bicycling Incentive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number
<b>d.</b> Provide Transit Passes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Number
<b>e.</b> Post Bus Schedules, Routes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>f.</b> Negotiate With Bus Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>g.</b> Conduct Vanpool Matching*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Number
<b>h.</b> Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number
<b>i.</b> Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number
<b>Add Lines a. through i. for Total Estimated DACT Reductions:</b> <i>Put this number in Section G, #3.</i>		Number

\*Only educational facilities with 1000+ applicable commuters are required to conduct vanpool matching.

\*\*This is an estimate of the *increase* of DACT reductions as a result of your facility's commuting options program before the base year. Attach documentation of how these reductions were achieved. Do not double count DACT reductions associated with more than one incentive.

- Description of Trip Reduction Incentives.** In a separate attachment, describe how each incentive has been implemented, publicized, and maintained. For any required incentive not yet implemented, provide a date that the incentive will be implemented within 30 days. For "negotiate with bus providers," detail the type of request for improved service (e.g., letter, phone call, meeting), the date of the request, and to whom it was made.



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**F. Drive-Alone Commute Trip (DACT) Reductions**

1. **Calculate the DACT reductions at your facility since the base year.** This calculation accounts for any employment number changes at your facility and compares the number of DACTs in the current year to the number of DACTs in the base year. Use your facility's Rideshare Program Base Year Report and current year *Summary of Commute Data Form* (SCD) to complete this section.

**Base Year:** \_\_\_\_\_

Year

a. Total DACTs (from E on Base Report)	+	b. Total Non-Responder DACTs (from E on Base Report)	=	c. Adjusted Total DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
d. Adjusted Total DACTs (from c. above)	÷	e. Total Base Year Trips, All Modes (from E on Base Report)	X100	f. Actual Percentage of DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
g. Percentage of Actual DACTs (from f. above)	X	h. Total Current Year Trips, All Modes (from J on SCD form)	=	i. Total DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
j. Total DACTs (from i. above)	-	k. Current Year DACTs (from A on SCD form)	=	l. Total DACT Reductions
<input type="text"/>		<input type="text"/>		<input type="text"/>

2. **Calculate the DACTs your facility needs to meet its 25% base year reduction goal.** Compare the current year Target to the current year Total.

a. Adjusted Total Base Year DACTs (same as 1c. above)	X	b. Target Base Year DACTs	=	b. Target Base Year DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
c. Target DACTs (from b. above)	÷	d. Total Base Year Trips, All Modes (same as 1e. above)	X100	e. Target Percentage of DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
f. Target Percentage of DACTs (from e. above)	X	g. Total Current Year Trips, All Modes (same as 1h. above)	=	h. Target Current Year DACTs
<input type="text"/>		<input type="text"/>		<input type="text"/>
i. Current Year DACTs (from A on SCD form)	-	j. Target Current Year DACTs (from h. above)	=	k. 25% DACT Reduction Goal
<input type="text"/>		<input type="text"/>		<input type="text"/>



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**G. Rideshare Program Cost Data** (Optional)

In the space below or in a separate attachment, describe your estimated costs to implement, publicize and maintain each required trip reduction incentive.

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**H. Certification Statement**

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

**Source of Signatory Authority**

If a Corporation: ☐ President ☐ Secretary  
☐ Treasurer ☐ Vice President\*  
☐ Representative of the above\*

\*If responsible for overall operation of the facility identified in this report.

If a Partnership: ☐ General Partner

If a Proprietorship: ☐ Sole Proprietor

Submit this form by **December 31** to:

**MassDEP Bureau of Waste Prevention  
Rideshare Program  
One Winter Street  
Boston, Massachusetts 02108**

NOTE: If your facility was required to collect commuter data, submit your *Summary Commute Data* form along with a sample copy of your survey/direct count form.

**Questions?** Call the Massachusetts Rideshare Program at 617-292-5663.